

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 38

For Official Use Only

Statement covers period

from 10/01/2010

through 10/16/2010

Date of election if applicable:
(Month, Day, Year)

11/02/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.) | <input checked="" type="checkbox"/> Ballot Measure Committee
<input checked="" type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input checked="" type="radio"/> Sponsored
(Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|---|--|

AMENDMENT TO DISCLOSE ADDITIONAL ACCRUED EXPENSE AND SUBVENDOR
ALLOCATION

3. Committee Information

I.D. NUMBER
1322292

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL
GOVERNMENT, TRANSPORTATION AND TAXPAYERS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
STEVEN S. LUCAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JENNIE UNGER EDDY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/11/2010 By STEVEN S. LUCAS
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/15/2010 By CHRIS MCKENZIE
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 11/15/2010 By JOSH SHAW
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

PROPOSITION 22

BALLOT NO. OR LETTER

JURISDICTION

STATEWIDE - NOVEMBER 2010

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

CHRIS MCKENZIE - STATE MEASURE PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

JOSH SHAW - STATE MEASURE PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 10/01/2010

through 10/16/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$259,184.00	\$3,941,194.11
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$259,184.00	\$3,941,194.11
4. Nonmonetary Contributions	Schedule C, Line 3	\$50,400.00	\$50,400.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$309,584.00	\$3,991,594.11

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$455,700.02	\$3,812,095.17
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$455,700.02	\$3,812,095.17
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$113,135.56)	\$310,974.15
10. Nonmonetary Adjustment	Schedule C, Line 3	\$50,400.00	\$50,400.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$392,964.46	\$4,173,469.32

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$404,915.53	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$259,184.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$455,700.02	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$208,399.51	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$310,974.15

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010	through 10/16/2010	
		Page 5 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2010	CALIFORNIA CONSTRUCTION AND INDUSTRIAL MATERIALS ASSN PAC SOUTH PASADENA, CA 91030 Committee ID: 1299236	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/2/2010	JAVIER DUTREY MONTCLAIR, CA 91763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF MONTCLAIR MAYOR PRO TEMPORE	\$100.00	\$100.00	
10/4/2010	CALIFORNIA LEGISLATIVE BOARD, UNITED TRANSPORTATION UNION Sacramento, CA 95814 Committee ID: 745910	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23,000.00	\$98,000.00	
10/4/2010	THE IRVINE COMPANY AND AFFILIATED ENTITIES NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/4/2010	TOLAR MANUFACTURING COMPANY, INC. CORONA, CA 92879	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$258,865.00

2. Amount received this period - unitemized contributions of less than \$100 \$319.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$259,184.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.



SCHEDULE A (CONT.)

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460 Page 6 of 38
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	WATSON LAND COMPANY CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/5/2010	LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$65,000.00	\$1,340,000.00	
10/5/2010	ROMA DESIGN GROUP SAN FRANCISCO, CA 94133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	
10/5/2010	MICHAEL SHOVLIN AND AFFILIATED ENTITIES RANCHO MIRAGE, CA 92270 Memo Reference: INC803	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED: MICHAEL SHOVLIN DEVELOPER	\$1,000.00	\$2,000.00	
10/5/2010	MICHAEL SHOVLIN AND AFFILIATED ENTITIES RANCHO MIRAGE, CA 92270 Memo Reference: INC802	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED: MICHAEL SHOVLIN DEVELOPER	\$1,000.00	\$2,000.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010	through 10/16/2010	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2010	CALIFORNIA COUNCIL FOR AFFORDABLE HOUSING SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$20,000.00	
10/6/2010	DAVID SANDER Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: DAVID SANDER CONSULTANT	\$100.00	\$200.00	
10/6/2010	ROBIN THOMAS ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WEDBUSH SECURITIES, INC. PUBLIC FINANCE	\$1,000.00	\$4,500.00	
10/6/2010	TMG PARTNERS SAN FRANCISCO, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/7/2010	FELISE ACOSTA SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP PRINCIPAL	\$500.00	\$500.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2010	
through	10/16/2010	Page 8 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/2010	CALIFORNIA CONFERENCE BOARD AMALGAMATED TRANSIT UNION ISSUES COMMITTEE SACRAMENTO, CA 95828 Committee ID: 971783	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$105,000.00	
10/7/2010	CALIFORNIA REDEVELOPMENT ASSOCIATION (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$90,000.00	
10/7/2010	JAMES DRAUGHTON SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP HOUSING MANAGER	\$200.00	\$200.00	
10/7/2010	SHERRY FULLER SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP ASSOCIATE	\$100.00	\$100.00	
10/7/2010	TARA ELIZABETH HOWARD SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP ASSOCIATE	\$100.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2010	
through	10/16/2010	Page 9 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/2010	KIM WONG SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP SENIOR ANALYST	\$150.00	\$150.00	
10/8/2010	EAH INC SAN RAFAEL, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/9/2010	ALLAN KOTIN MALIBU, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALLAN KOTIN & ASSOCIATES ECONOMIST	\$100.00	\$100.00	
10/11/2010	AVAIL TECHNOLOGIES, INC. STATE COLLEGE, PA 16803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/11/2010	STEPHEN LAWTON HERCULES, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF HERCULES DIRECTOR, ECONOMIC DEVELOPMENT	\$100.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
through 10/16/2010		Page 10 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2010	JAMES LOUGH RAMONA, CA 92065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOUNSBERY, FERGUSON, ALTONA & PEAK ATTORNEY AT LAW	\$250.00	\$250.00	
10/12/2010	JON GOETZ SAN LUIS OBISPO, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KRONICK MOSKOVITZ TIEDEMANN & GIRARD ATTORNEY AT LAW	\$100.00	\$100.00	
10/12/2010	HNTB Corporation Santa Ana, CA 92707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,294.53	
10/12/2010	LTK Engineering Services Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,794.53	
10/13/2010	CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES LOS ANGELES, CA 90026 Committee ID: 761351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2010	
through	10/16/2010	Page 11 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2010	CR&R INCORPORATED STANTON, CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/13/2010	STEVEN GAFFNEY ARCHITECTURE, INC. SANTA ANA, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
10/13/2010	STONE & YOUNGBERG LLC SAN FRANCISCO, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,315.00	\$19,375.00	
10/14/2010	FIRST SOUTHWEST DALLAS, TX 75201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/14/2010	Hatch Mott MacDonald Pleasanton, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,294.53	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2010</u> through <u>10/16/2010</u>		CALIFORNIA FORM 460 Page <u>12</u> of <u>38</u> I.D. Number 1322292
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2010	MICHAEL R. W. HOUSTON COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$500.00	\$500.00	
10/14/2010	WILLIAM H. IHRKE SANTA ANA, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$250.00	\$250.00	
10/14/2010	M. KATHERINE JENSON COSTA MESA, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$250.00	\$250.00	
10/14/2010	PHILIP D. KOHN SANTA ANA, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$150.00	\$150.00	
10/14/2010	PATRICK MUNOZ NEWPORT COAST, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$150.00	\$150.00	
SUBTOTAL						

*Contributor Codes
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 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2010	
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I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2010	JEFFREY M. ODERMAN NEWPORT BEACH, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUTAN & TUCKER LLP ATTORNEY AT LAW	\$250.00	\$250.00	
10/14/2010	STRADLING, YOCCA, CARLSON & RAUTH Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$24,150.00	
10/14/2010	Trillium USA, LLC Salt Lake City, UT 84106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,294.53	
10/15/2010	JAMES MASTIN UKIAH, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MENDOCINO COLLEGE ADMINISTRATOR	\$200.00	\$200.00	
10/15/2010	OVERLAND, PACIFIC & CUTLER, INC. LONG BEACH, CA 90808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,500.00	\$9,760.00	
SUBTOTAL						

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	10/16/2010	Page 14 of 38

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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2010	ANTHONY WINNEY SAN DIEGO, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF POWAY SENIOR REDEVELOPMENT ANALYST	\$100.00	\$100.00	
10/16/2010	JUNE SEWELL LOS ANGELES, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALESHIRE & WINDER LLP ATTORNEY	\$500.00	\$600.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$258,865.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2010
through 10/16/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460
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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number
1322292

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2010	PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC) STATEWIDE INDEPENDENT EXPENDITURE COMMITTEE Sacramento, CA 95834 Committee ID: 1327049	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SLATE MAILER	\$50,000.00	\$50,000.00	
10/8/2010	JERRY TAYLOR RIDGECREST, CA 93555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCILMAN CITY OF RIDGECREST	RADIO AD	\$400.00	\$400.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$50,400.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$50,400.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$50,400.00

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/01/2010	CALIFORNIA FORM 460	
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NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL						
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Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) _____
2. Unitemized contributions and independent expenditures made this period of under \$100 _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUPEROXYGEN, INC. Los Angeles, CA 90004	LIT			\$2,800.00
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501			SLATE MAILER	\$51,000.00
Committee ID: 595004 COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$7.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$455,700.02
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$455,700.02

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 10/16/2010		Page 20 of 38
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PORAC OFFICIAL LAW ENFORCEMENT VOTER GUIDE SACRAMENTO, CA 95834			SLATE MAILER	\$50,000.00
Committee ID: 594017 BANK OF MARIN CORTE MADERA, CA 94925			BANK FEE	\$228.10
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$36,233.17
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS			\$40,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814			SEE SCHEDULE G	\$29,840.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
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NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS			\$50,000.00
CAPITAL CAMPAIGNS, INC. TARZANA, CA 91356	CNS			\$12,500.00
PRIME SIGNS SACRAMENTO, CA 95825	CMP			\$13,414.62
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$75.00
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$7.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
through 10/16/2010		Page 22 of 38
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REPUBLICAN WOMEN'S VOICE LAGUNA NIGUEL, CA 92677			SLATE MAILER	\$6,975.00
Committee ID: 1293667 SAVE PROPOSITION 13 LAGUNA NIGUEL, CA 92677			SLATE MAILER	\$14,000.00
Committee ID: 598040 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677			SLATE MAILER	\$14,000.00
Committee ID: 1322823 CALIFORNIA TAXPAYER PROTECTION COMMITTEE VOTER GUIDE ELK GROVE, CA 95624			SLATE MAILER	\$4,250.00
Committee ID: 1299482 SUPEROXYGEN, INC. Los Angeles, CA 90004	CMP			\$2,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
through 10/16/2010		Page 23 of 38
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITAL CAMPAIGNS, INC. TARZANA, CA 91356	LIT			\$888.57
COPS VOTER GUIDE FOLSOM, CA 95630			SLATE MAILER	\$7,500.00
Committee ID: 599014 CALIFORNIANS VOTE GREEN LOS ANGELES, CA 90064			SLATE MAILER	\$5,000.00
Committee ID: 1323171 CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814			SEE SCHEDULE G	\$21,178.06
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814			SEE SCHEDULE G	\$63,015.90

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
through 10/16/2010		Page 24 of 38
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA LATINO VOTERS' GUIDE LOS ANGELES, CA 90041 Committee ID: 1322246			SLATE MAILER	\$8,000.00
LOS ANGELES COUNTY COMMUNITY DEMOCRAT LOS ANGELES, CA 90401 Committee ID: 598046			SLATE MAILER	\$5,000.00
YOUR BALLOT GUIDE SHERMAN OAKS, CA 91403 Committee ID: 588011			SLATE MAILER	\$10,000.00
VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808 Committee ID: 1319578			SLATE MAILER	\$7,500.00
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$35.63

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$455,700.02

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2010
through 10/16/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALIFORNIA VETERANS VOTER GUIDE TORRANCE, CA 90501	SLATE MAILER	\$0.00	\$4,500.00	\$0.00	\$4,500.00
Committee ID: 598002 WOMEN'S VOTER GUIDE TORRANCE, CA 90501	SLATE MAILER	\$0.00	\$4,500.00	\$0.00	\$4,500.00
Committee ID: 1326222 BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	SEE SCHEDULE G	\$7,597.26	\$0.00	\$0.00	\$7,597.26

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$180,932.54
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$294,068.10
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$113,135.56)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2010
through 10/16/2010

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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

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CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$4,095.00	\$0.00	\$4,095.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS	\$40,000.00	\$0.00	\$40,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS	\$0.00	\$50,000.00	\$0.00	\$50,000.00
CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	REIMBURSED EXPENSES	\$298.07	\$0.00	\$0.00	\$298.07

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2010
through 10/16/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
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CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	SEE SCHEDULE G	\$21,178.06	\$0.00	\$21,178.06	\$0.00
SUPEROXYGEN, INC. Los Angeles, CA 90004	LIT	\$2,800.00	\$0.00	\$2,800.00	\$0.00
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$51,578.66	\$0.00	\$0.00	\$51,578.66
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$36,233.17	\$0.00	\$36,233.17	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 10/01/2010
through 10/16/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$2,728.59	\$0.00	\$0.00	\$2,728.59
GRASSROOTSLAB, LLC IRVINE, CA 92614	CNS	\$5,250.00	\$0.00	\$0.00	\$5,250.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$1,000.00	\$0.00	\$0.00	\$1,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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Statement covers period
from 10/01/2010
through 10/16/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	SEE SCHEDULE G	\$29,840.97	\$0.00	\$29,840.97	\$0.00
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	SLATE MAILER	\$102,000.00	\$0.00	\$51,000.00	\$51,000.00
Committee ID: 595004 LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$63,015.90	\$0.00	\$63,015.90	\$0.00
CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	SEE SCHEDULE G	\$10,589.03	\$0.00	\$0.00	\$10,589.03

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 10/01/2010
through 10/16/2010

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FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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ORANGE COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$3,519.00	\$0.00	\$3,519.00
Committee ID: 1285120					
LOS ANGELES COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$1,151.00	\$0.00	\$1,151.00
Committee ID: 1305336					
SAN DIEGO COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$3,166.00	\$0.00	\$3,166.00
Committee ID: 1287037					
INLAND EMPIRE REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$3,186.00	\$0.00	\$3,186.00
Committee ID: 1293670					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 10/01/2010
through 10/16/2010

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FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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VENTURA COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$913.00	\$0.00	\$913.00
Committee ID: 1290652 REPUBLICAN WOMEN'S VOICE LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$6,975.00	\$0.00	\$6,975.00
Committee ID: 1293667 SAVE PROPOSITION 13 LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$7,000.00	\$0.00	\$7,000.00
Committee ID: 598040 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	SLATE MAILER	\$0.00	\$7,000.00	\$0.00	\$7,000.00
Committee ID: 1322823					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 10/01/2010
through 10/16/2010

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FORM 460**

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NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
COPS VOTER GUIDE FOLSOM, CA 95630	SLATE MAILER	\$0.00	\$7,500.00	\$0.00	\$7,500.00
Committee ID: 599014					
CALIFORNIANS VOTE GREEN LOS ANGELES, CA 90064	SLATE MAILER	\$0.00	\$5,000.00	\$0.00	\$5,000.00
Committee ID: 1323171					
VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808	SLATE MAILER	\$0.00	\$7,500.00	\$0.00	\$7,500.00
Committee ID: 1319578					
YOUR BALLOT GUIDE SHERMAN OAKS, CA 91403	SLATE MAILER	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Committee ID: 588011					

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2010
through 10/16/2010

CALIFORNIA
FORM **460**

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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALIFORNIA LATINO VOTERS' GUIDE LOS ANGELES, CA 90041	SLATE MAILER	\$0.00	\$7,990.00	\$0.00	\$7,990.00
Committee ID: 1322246 LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$46,937.54	\$0.00	\$46,937.54
SUBTOTALS		\$424,109.71	\$180,932.54	\$294,068.10	\$310,974.15

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2010	
through	10/16/2010	Page 34 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ARISTOTLE BAJAR SACRAMENTO, CA 95834	LIT			\$595.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$3,000.00
WEST HOLLYWOOD DEMOCRATIC CLUB/BEVERLY HILLS DEMOCRATIC CLUB BURBANK, CA 91502		SLATE MAILER		\$500.00
850089				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4095.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REBECCA ELLIOTT SACRAMENTO, CA 95814			REIMBURSED EXPENSES UNDER \$500	\$578.51
MICHAEL MADRID FAIR OAKS, CA 95628	CNS			\$12,140.00
STEPHEN QUALLS SACRAMENTO, CA 95814			REIMBURSED EXPENSES UNDER \$500	\$648.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$13367.21

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER
1322292

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

ADDITIONAL COMMITTEE ADDRESSES: 1121 L STREET, SUITE 803, SACRAMENTO, CA 95814; 100 WILSHIRE BLVD., SUITE 1950, SANTA MONICA, CA 90401

Memo Reference: INC802

RECEIVED THROUGH AFFILIATED ENTITY: ONE ELEVEN LA QUINTA, LLC, 46753 ADAMS ST, LA QUINTA, CA 92253

Memo Reference: INC803

RECEIVED THROUGH AFFILIATED ENTITY: WASHINGTON/ADAMS, LLC, 46753 ADAMS ST., LA QUINTA, CA 92253
